



**Department of Finance & Administration**  
**Office of State Procurement**  
**VENDOR REMITTANCE INFORMATION - FORM FI0022**

☐ New      ☐ Change\*      ☐ Delete\*      \*Vendor No. \_\_\_\_\_

**ACCOUNT GROUP**

☐ Standard Goods/Service Vendor    ☐ Payroll/Garnishment/Benefit Vendor    ☐ Board    ☐ Agency

**TAX INFORMATION**

Tax ID: \_\_\_\_\_ SSN: \_\_\_\_\_

**VENDOR REMITTANCE ADDRESS INFORMATION**

Vendor's Name: \_\_\_\_\_  
Vendor Name Continued: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Street Address Continued: \_\_\_\_\_  
P. O. Box: \_\_\_\_\_  
City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax (optional): \_\_\_\_\_  
E-MAIL (Optional): \_\_\_\_\_

**Direct Deposit Information** (Enter only if different from information included on Vendor Maintenance Form FI0021)

Bank Key/Bank Aba #: \_\_\_\_\_  
Bank Account #: \_\_\_\_\_  
Account Type:      ☐ Checking      ☐ Savings  
Account Holder: \_\_\_\_\_ (List Bank Acct holder, if different from Vendor)  
Alternative Payee: \_\_\_\_\_

**AGENCY CONTACT INFORMATION**

Requester's Name: \_\_\_\_\_ E- mail Address: \_\_\_\_\_  
Business Area: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
  
Requester's Agency: \_\_\_\_\_  
Agency Address: \_\_\_\_\_

**FOR DFA USE ONLY**

Vendor Created/Extended:    ☐ Yes    ☐ No    Vendor Number: \_\_\_\_\_  
Date Created: \_\_\_\_\_ Created By: \_\_\_\_\_  
Date Requester Notified: \_\_\_\_\_

**Special Note:** This form is for supplemental vendor remittance information only.

**Remit Form to:**

Office of State Procurement, P. O. Box 2940, 1509 W 7<sup>th</sup>, 3<sup>rd</sup> Floor, Little Rock, AR 72203  
**E-Mail:** [AASIS-OSP@DFA.STATE.AR.US](mailto:AASIS-OSP@DFA.STATE.AR.US)    **Fax:** (501) 324-9311    **Telephone:** (501) 324-9316